

HAWAII CIVIL RIGHTS COMMISSION
PRE-COMPLAINT QUESTIONNAIRE - REAL PROPERTY TRANSACTIONS

Instructions: Please type or print. Read this form carefully. If you do not know the answer or a question does not apply to you, please leave the space blank. You will be contacted for an interview after we receive this form. You must sign and date the form.

1. Personal Information:

Name: _____ (Last) _____ (First) _____ (Middle / Initial)

Address: _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____ / _____ Cell Phone Number _____ / _____ Evening Phone Number _____

Names of Other Adults Discriminated Against:

List Names: _____

Names of Children Discriminated Against:

List Names: _____

2. Who Else Can We Call If We Cannot Reach You?

Contact Name: _____

_____ / _____ / _____

Daytime Phone Number _____ Cell Phone Number _____ Evening Phone Number _____

3. Who Do You Believe Discriminated Against You?

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____ / _____ Cell Phone Number _____ / _____ Evening Phone Number _____

4. Mark the box that describes the person above: ☐ Landlord ☐ Owner

☐ Bank/Other Lender ☐ Real Estate Agent ☐ Real Estate Management Company

Other: _____

5. When Was the Last Act of Alleged Discrimination? Date: _____

Is the Discrimination Continuing or Ongoing? ☐ Yes ☐ No

6. What Kind of House, Rental Unit or Property Was Involved? ☐ Single Family Home

☐ Apartment Building (4+ units) ☐ Owner Lives on Property ☐ Public or Assisted Housing

☐ Other: _____

7. What Is The Address Of The House, Rental Unit or Property?

Address:

City

State

Zip Code

8. I Believe I Was Discriminated Against Because Of My:

☐ Race ☐ Color ☐ National Origin/Ancestry ☐ Age ☐ Marital Status ☐ Sex

☐ Gender Identity or Expression ☐ Sexual Orientation ☐ Familial Status

☐ Disability ☐ HIV Status ☐ Religion ☐ Retaliation

9. What Happened To You? Check All That Apply.

☐ Refused an opportunity to rent/buy housing or told housing was not available when it was.

☐ Refused a request to accommodate policies or practices, or to modify housing because of a disability.

☐ Treated differently from other tenants or persons seeking housing.

☐ Treated differently in terms of conditions of housing.

☐ Refused housing because of occupancy limits.

☐ Discriminated against in financing a home or property.

☐ Retaliated, threatened, intimidated, or interfered with in the exercise of a fair housing right.

☐ Other _____

10. If English is not your best language, we will provide a free interpreter.

Would you like a free interpreter? ☐ Yes ☐ No

If yes, what language? _____

11. Please indicate if you have any special needs that may require assistance.

☐ Braille ☐ Interpreter (sign) ☐ other: _____

12. We need some information for statistical purposes only (Optional):

Age: _____ Sex: _____ Race/Ethnicity: _____

13. Have you contacted or filed a complaint with the U.S. Department of Housing and

Urban Development? ☐ Yes ☐ No

If yes, when and to whom did you speak with?

14. How did you learn about the Hawai'i Civil Rights Commission?

15. Briefly Explain What Happened.

Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

Dates of Discrimination	Describe the Discriminatory Adverse Actions <i>(Explain why the actions were because of your protected basis)</i>

